

Due the high number of doses available as well as the high number of countries getting ready for delivery in Q1 2021, the capacity of supplier and freight forwarders will be under considerable pressure. Shipment timelines will be impacted by logistical preparedness and delivery lead times, which may vary depending on the location of the receiving participant.

Based on this, COVAX anticipates the bulk of the first round of deliveries taking place in March, with some early shipments to those that have already fulfilled the above criteria, occurring in late February. More information related to these first deliveries will be shared in the coming days.

Available from: <https://www.who.int/news/item/16-02-2021-covax-statement-on-who-emergency-use-listing-for-astrazeneca-oxford-covid-19-vaccine>

WHO launches new tools to help countries build effective childhood cancer programmes

15 February 2021 / WHO - A suite of tools to help countries improve diagnosis and treatment of cancer among children is being released today by the World Health Organization, on International Childhood Cancer Day. The package includes a “how-to” guide for policy-makers, cancer control programme managers and hospital managers; an assessment tool to inform implementation; and a multilingual online portal for information-sharing.

The new tools will support countries with implementation of the CureAll approach, adopted by WHO’s Global Initiative for Childhood Cancer. The Initiative, launched in 2018, aims to achieve at least 60% survival for childhood cancer globally by 2030. Currently, children living in high-income countries have an 80% chance of cure, while less than 30% of children diagnosed with cancer in many low- and middle-income countries (LMICs) survive.

During the last two years, the Global Initiative, supported by St. Jude Children’s Research Hospital, a WHO Collaborating Centre in the United States of America, has become active in more than 30 countries and benefits from the participation of more than 120 global partners. These partners work together to support governments with the implementation of the CureAll approach, addressing common reasons for the low survival of children with cancer in LMICs. These reasons include late or incorrect diagnosis, insufficient diagnostic capacity, delays in or inaccessible treatment and treatment abandonment.

Solutions to all of these issues are provided in the new “how-to” guide, which is based on four pillars: centres of excellence with defined referral pathways and a trained workforce; inclusion of childhood cancer in national benefit packages for universal health coverage; treatment standards based on evidence and tailored to local capacity; and robust information systems for continuous monitoring of programme performance. Case studies from countries which have begun implementing the CureAll approach, such as Ghana, Peru and Uzbekistan, are also included.

New assessment tool to facilitate the design of tailored approaches for cancer control

An assessment tool to inform implementation of the Initiative and support real-time interpretation of data is also being launched today. The tool, developed under the leadership of WHO with the International Atomic Energy Agency, the International Agency for Research on Cancer and other partners, will enable national cancer programmes to develop tailored approaches for cancer control in their setting. This tool can generate data for decision-making and help address data gaps in LMICs.

Multilingual portal for information-sharing

The importance of sharing of data, clinical experience and expertise is key to improving standards and performance in cancer programmes around the world. A new online community of practice, the WHO Knowledge Action Portal, will support implementation of the Global Initiative for Childhood Cancer. The Portal, with content in six languages, offers focal points for cancer in ministries of health a forum for establishing and managing partnerships, organizing training programmes and sharing resources.

The avoidable burden of childhood cancer: time to accelerate action

The onset of the COVID-19 pandemic in early 2020 created a need for another type of data, on the effect of COVID-19 on children with cancer. In response, St. Jude Children's Research Hospital began collecting, in collaboration with partners, data on COVID-19 infection among children with cancer. As of early February, more than 1500 childhood cancer patients from 48 countries had tested positive for COVID-19.

Data available appears to indicate that the effect of COVID-19 on children with cancer is less severe than feared, although there remains a concern about the effect of the pandemic on willingness to seek care and complete therapy. This will have consequences for children with cancer in the longer term and may lead to worsened outcomes.

“Providing childhood cancer care and implementing the Global Initiative remain priorities during the COVID-19 pandemic and will continue to be priorities when it ends,” said Dr Bente Mikkelsen, Director of WHO's Department of Noncommunicable Diseases. “Each year, an estimated 400 000 children are diagnosed with cancer globally, and the vast majority of these children live in low- and middle-income countries where the likelihood of survival is much lower. We can – and must – give these children a better chance at life.”

Small, strategic investments, to the order of approximately US\$ 0.03-0.15 per capita, are sufficient, when delivered appropriately, to build and sustain comprehensive childhood cancer services. Such investments could save the lives of hundreds of thousands of children over the next decade.

Available from: <https://www.who.int/news/item/15-02-2021-who-launches-new-tools-to-help-countries-build-effective-childhood-cancer-programmes>